



JHS PTO

**Check Request / Reimbursement Form**

\_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Purpose (Account / Event): \_\_\_\_\_

Contact info: (email/phone #): \_\_\_\_\_

Description/ Purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Person Requesting Check or Payment:**

Name: \_\_\_\_\_

Contact Info/email/phone#: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

(for parent reimbursement via classroom distribution; please supply child's name & teacher)

Attach receipts to this request or hand them in after you receive them. Check requests can be emailed to Angelique Burke [angeliqueburke@hotmail.com](mailto:angeliqueburke@hotmail.com) or leave them in the JHS office PTO box Attn: Angelique Burke, JHS PTO Treasurer.

\_\_\_\_\_

(For PTO Treasurer Use)

Debit Card: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Date Hand Delivered: \_\_\_\_\_